

Specialists In Reproductive Medicine & Surgery, P.A.

www.DreamABaby.com • Fertility@DreamABaby.com

Excellence, Experience & Ethics



Notification of New Medical or Genetic Concerns By The Conventional Surrogate Assisted Reproductive Technologies

Introduction:

We ask that you notify **Specialists In Reproductive Medicine & Surgery, P.A. (SRMS)**, of any new significant medical or inheritable diseases that are discovered in your blood-related family. The information you provide here may be of significant use to the **Commissioning Parent/Couple** and their child/children created with your assistance through Conventional Surrogacy (CS).

We have also asked the **Commissioning Parent/Couple**, the recipients of your wonderful gift, to notify us if any of the child/children that resulted from the CS process is/are found to have a significant medical or genetic disease that could influence the future medical care of you and your family.

Identifying Information:

Since you may have moved, please update your identifying information below:

Your name at the time of CS:		Year of CS Procedure:
Current Name:		Birth Date:
Current Address:		
City:	State	Zip Code
Home Phone:	Work Phone:	Cell Phone:
E-mail:		

(Please only provide identifying information that you will allow us to use to contact you.)

Physician Name:

Please provide us with the physician's name that made the diagnosis. Please be sure to sign a release of information form so that we may speak to the physician. If you prefer, please have them simply send a written summary. We will not breach confidentiality issues and will not tell them of your kind gift. We will simply need to understand the medical issues involved in the newly diagnosed genetic disease:

Notification of New Medical or Genetic Concerns By The Conventional Surrogate (*cont.*)

Physician Name:	Type of Physician:	Phone Number:
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New Genetic Concerns:

Please keep in mind that the new genetic concerns should only be on your side of the family (i.e., blood related) or your direct offspring. Since your egg and uterus were used in the CS process, issues found in family members not directly related to you will not directly influence the CS offspring:

Individual's Name (How related?)	Age at Diagnosis	Actual Diagnosis	Consequences of Diagnosis (Use separate paper if needed)

Please feel free to us additional paper, if needed.

Please keep this form in a safe location and notify us should it become necessary.

Contact Us If Uncertain:

If you are uncertain if a disease is significant or genetic (i.e., inheritable), please ask your physician or call us here at SRMS. We thank you for your assistance in keeping the **Commissioning Parent/Couple** and the staff here at SRMS informed. Once again, thank you again for your wonderful gift.

_____	_____	___/___/___
Conventional Surrogate's Signature	Conventional Surrogate's Name (print)	Date
_____	_____	___/___/___
IVF Coordinator Signature	IVF Coordinator's Name (print)	Date
_____	_____	___/___/___
SRMS Physician's Signature	SRMS Physician's Name (print)	Date